10/657230

UTILITY PATENT APPLICATION TRANSMITTAL

■ DUPLICATE

Total:

Signature:

\$894.00

Reg. No.

25,893

Address to: Box PATENT APPLICATION Commissioner of Patents					Attorney Docket	No. L	LEES3021/EM		
					First Named Inve (or identifier)	entor S	Shih-Chang LEE		
P.O. Box 1450 Alexandria, VA 22313-145				450	Total Pages	6	51		
		Transmitt	ted h	erewith is a pate	nt applicati	on under 3	37 CFR 1.53(b).		
En	titled:	Flip Chip Package							
8	1.	Submitted herewith are the following: 14 pages of specification, including claims and Abstract. 5 sheets of FORMAL drawings (Figs. 1-10). 28 claims. 1 Oath/Declaration signed by each inventor. 1 Application Data Sheet. 1 Assignment of the invention to Advanced Semiconductor Engineering, Inc., Kaohslung, Taiwan, R.O.C., Cover Sheet, and payment of the \$40 recordal fee. 1 certified copy of Taiwan application no. 091133275. Priority is claimed. 1 check in the amount of \$934 (\$750-Filing Fee; \$144-Extra Claim Fee; \$40-Assignment Recordation Fee).							
D	2.	SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.							
Ø	3.	The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.							
	4.	Insert before the first sentence of the specification: This application claims the benefit of provisional application number filed							
	5.	Insert before the first sentence of the specification: This application is a Continuation-in-part of nonprovisional application number filed							
	6.	Other:							
Reg.	No. 2	5,893; Richa	rd E. F	epresenting applicant Fichter, Reg. No. 26, 12; and Benjamin E. I	382; Thomas	J. Moore, Re	Reg. No. 19,179; Eug g. No. 28,974; Josep	ene Mar, h	
THE FILING FEE IS CALCULATED AS FO					DLLOWS:		Basic Fee:	\$750.00	
Total Claims: 28 - 20 =						8.00	X \$18 =	\$144.00	
Independent Claims: 2 - 3 =				- 3 =		0	X \$84 =	\$0.00	
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176					4	Multiple Dependent Claim (add \$280.00):		\$0.00	
					MBER		Subtotal:	\$894.00	
						50% Reduction if Small Entity Status		\$0.00	

Fax: 703-683-1080

Name:

Eugene Mar

Phone: 703-683-0500

Date: